



Home Infusion Supply Codes

Chief Business Office Purchased Care
Department of Program Integrity (DPI)

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VA
HEALTH
CARE | Defining
EXCELLENCE
in the 21st Century

Objectives

- **Identify Key Definition Elements**
- **Name 3 Reasons why used**
- **Outline 3 Reasons when used**
- **Recognize Improper Supply Code use**

Home Infusion Therapy

■ Definition

- Home infusion therapy is defined to include items and services furnished by a qualified home infusion therapy provider to an individual, who is under the care of physician, which are provided in an integrated manner in an individual's home under a plan established and periodically reviewed by a physician
- Home infusion therapy includes professional services as well as supplies and equipment needed to administer infusion drug therapies safely and effectively in the home

Home Infusion Therapy

Why Home Infusion Therapy?

- **Clinical developments**
- **Cost containment**
- **Normal lifestyle**



Home Infusion Therapy

When is Home Infusion Therapy used?

- **Necessary, or appropriate, for effective and economical treatment**
- **Determined that such services will be required**
- **Compelling medical reasons warrant issuing such an authorization**



Home Infusion Therapy

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|--|----|--------------------|----|----|----|----|--|---------------------|--|--------|--|--|----------|--|--|--------------------------------|-----|---------------|------|------------------|----|----------------------|--|--------------|-----|-----------------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) | | | | | | | | | | | | 22. MEDICAID RESUBMISSION CODE | | | | ORIGINAL REF. NO. | | | | | | | | | | | |
| 1. 428.0 | | | | | | | | | | | | 3. _____ | | | | 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | | | |
| 2. 99674 | | | | | | | | | | | | 4. _____ | | | | | | | | | | | | | | | |
| 24. A. | | DATE(S) OF SERVICE | | | | | | B. PLACE OF SERVICE | | C. EMG | | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) | | | | E. DIAGNOSIS POINTER | | F. \$ CHARGES | | G. DAYS OR UNITS | | H. EPSDT Family Plan | | I. ID. QUAL. | | J. RENDERING PROVIDER ID. # | |
| MM | DD | YY | MM | DD | YY | | | | | | | CPT/HCPCS | MODIFIER | | | | | | | | | | | | | | |
| 08 | 16 | 11 | 08 | 21 | 11 | 12 | | | | | | A4221 | | | | | 1,2 | | 639 | 90 | 1 | | | | NPI | 123456789 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 18 | 11 | 08 | 22 | 11 | 12 | | | | | | A4223 | | | | | 1,2 | | 161 | 01 | 5 | | | | NPI | 9876543210 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 18 | 11 | 08 | 22 | 11 | 12 | | | | | | A4305 | | | | | 1,2 | | 423 | 20 | 10 | | | | NPI | 123456789 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 18 | 11 | 08 | 22 | 11 | 12 | | | | | | J3370 | | | | | 1,2 | | 1589 | 28 | 1 | | | | NPI | 9876543210 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) | | | | | | | | | | | | 22. MEDICAID RESUBMISSION CODE | | | | ORIGINAL REF. NO. | | | | | | | | | | | |
| 1. 428.0 | | | | | | | | | | | | 3. _____ | | | | 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | | | |
| 2. _____ | | | | | | | | | | | | 4. _____ | | | | | | | | | | | | | | | |
| 24. A. | | DATE(S) OF SERVICE | | | | | | B. PLACE OF SERVICE | | C. EMG | | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) | | | | E. DIAGNOSIS POINTER | | F. \$ CHARGES | | G. DAYS OR UNITS | | H. EPSDT Family Plan | | I. ID. QUAL. | | J. RENDERING PROVIDER ID. # | |
| MM | DD | YY | MM | DD | YY | | | | | | | CPT/HCPCS | MODIFIER | | | | | | | | | | | | | | |
| 08 | 13 | 11 | 08 | 17 | 11 | 12 | | | | | | A4221 | | | | | 1 | | 1550 | 06 | 1 | | | | NPI | 123456789 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 13 | 11 | 08 | 17 | 11 | 12 | | | | | | A4223 | | | | | 1 | | 296 | 21 | 5 | | | | NPI | 9876543210 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 13 | 11 | 08 | 17 | 11 | 12 | | | | | | A4305 | | | | | 1 | | 423 | 20 | 10 | | | | NPI | 123456789 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 08 | 13 | 11 | 08 | 17 | 11 | 12 | | | | | | J3370 | | | | | 1 | | 1589 | 28 | 1 | | | | NPI | 9876543210 | |
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Two home infusion claims using a CMS 1500 highlighting overlapping dates of service using the A4221 code.

Conclusion

- **Key Definition Elements**
- **Reasons why used**
- **Reasons when used**
- **Improper Supply Code use**

References

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools fraud and abuse review.

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

Medicare Claim Processing Guide

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>